

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: COBBLESTONES (0008520)

Address: 4492 COBBLESTONE RD, DELAVAN, WI 53115

License Status: REGULAR

Licensed/Certified/Registered 09/01/1999

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095948 **End Date:** 11/21/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093015 **End Date:** 07/08/2004 **Type:** ABBREVIATED **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008734 Served 08/03/2004

Deficiencies Cited
13.05(2)

Subject Area
CLIENT PROTECTION

Compliance
Verified
11/14/2005

Corrected
Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 07/28/2004 SOD #10008734 Appealed: Yes Decision: STIPULATION

Sanctions

FORFEITURE---83.12(5)(a) (WITHDRAWN)

FORFEITURE---83.21(4)(k) (WITHDRAWN)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

Complaint History

Date Complaint Received: 10/03/2005

Date Investigation Completed: 11/14/2005

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.